

### **Avesis Advantage Vision Care Plan**

The Avesis Advantage Vision Care Plan is underwritten by Fidelity Security Life Insurance Company, Kansas City, MO and administered by AVESIS Third Party Administrators, Phoenix, Arizona.

### **Eligibility**

All employees, their spouses and unmarried children from birth to age 19 (or 25 if a full time student) meeting the eligibility requirements of the employer are eligible for coverage.

### **Avesis Advantage Vision Care Benefits**

The following services are available to members who choose to receive services from an Avesis participating provider after the applicable co-payment is met:

**Vision Examination:** Covered 100%

**Spectacle Lenses:** Covered 100%

(Standard single vision, bifocal, trifocal or lenticular)

**Frame:** Covered 100%

(within plan allowance\*)

### **Contact Lens Benefit:**

Elective \$130 allowance

Medically Necessary Covered 100%

(The contact lens benefit takes the place of all other benefits for that plan period.)

### **Frequency of Benefits**

Vision Exam Once every 12 months

Spectacle Lenses (pr) Once every 12 months

Frame Once every 12 months

Contact Lens Benefit Once every 12 months

\*\* Lasik Benefit One time (lifetime)

### **Copayment**

\$10.00 applies toward a vision exam.

### **How To Use The Plan**

- 1) Call **1-800-828-9341** if you need assistance in selecting an Avesis Participating Provider, or if you need clarification of your vision care plan,
- 2) Call the provider and identify yourself as an Avesis Member,
- 3) Schedule an appointment with an Avesis participating provider,
- 4) Present your Avesis ID Card, pay your copayment at the Avesis participating provider's office and any expenses that are not covered.

### **Exam Benefit**

A vision examination will be provided to Avesis members by a fully licensed Avesis participating provider. This benefit does not include related contact lens professional fees (fitting fees). The vision examination is covered after the \$10 exam copayment is met.

### **Contact Lens Benefit**

#### **In-Network Benefits**

Elective - There is a \$10 copayment for the exam and a \$130 allowance that applies toward contact lenses and related professional fees (fitting fees).

Medically Necessary - There is a \$10 copayment for the exam. Avesis will reimburse the participating provider for the remainder of the services.

#### **Out-of-Network Benefits**

Elective - \$150 allowance will be applied toward exam, contact lenses, and related professional fees (fitting fees).

Medically Necessary - \$300 will be applied toward exam, contact lenses, and related professional fees (fitting fees).

Contact lenses would be deemed "medically necessary" for the following conditions:

a) post cataract surgery, b) keratoconus, c) certain conditions of anisometropia, and d) to correct extreme visual conditions that cannot be corrected with spectacle lenses.

(Determination of "medically necessary" versus "elective" contact lenses will be determined exclusively by Avesis.)

### **Frame Benefit**

The member may choose from a wide variety of frames at the Avesis participating provider location. The member then has the choice of staying within the plan allowance\* with no out-of-pocket expense other than the exam copayment. If the wholesale cost of the frame exceeds the plan's wholesale frame allowance the member would pay a designated amount based on the difference between the wholesale cost of the frame and the plan's frame allowance.

(\*The retail value of a covered frame is approximately \$100-\$150. As with most products retail prices may vary. Avesis plan payment is \$50 toward the wholesale cost.)

### **Spectacle Lense Benefit**

Covered spectacle lenses includes a choice of standard plastic or standard glass lenses (single vision, bifocal or trifocal). If the member chooses to upgrade to specialty lenses (i.e. hi-index, progressive ) the member would pay a discounted fee to the participating provider's office.

### **\*\*Lasik Benefit**

Avesis membership provides access to the Avesis preferred pricing through an Avesis participating Lasik surgery center only. On a one time (lifetime) basis, Avesis will apply a \$150 allowance toward the cost of Lasik surgery for one or both eyes. This will take the place of all other benefits for that plan period. The remaining charges are the responsibility of the member. Refractive surgery is an elective procedure and may involve potential risks to patients. Avesis is not responsible for the outcome of any refractive surgery.

### **Additional Options**

Members receive 20% savings from Avesis participating providers' fees for those options (i.e. scratch coating, anti-reflective coating) that are not covered under the Advantage Vision Care Plan.

### **Additional Eyewear**

After members have received their covered eyewear, additional eyewear savings may still be obtained at the Avesis participating provider offices at our already reduced discounted fee. The members would be responsible for payment of the discounted fees to the providers.

### **Termination of Coverage**

All covered persons' insurance will end automatically on the earliest of the following dates: a) The date the policy ends; b) The end of the last period for which a required contribution agreed to in writing has been made; c) The date you are no longer eligible for insurance.

## Out-of-Network Reimbursement Schedule

	<u>Maximum Allowance</u>
<b>Vision Examination</b>	\$50
<b>Spectacle Lenses (pair)</b>	
Single Vision Lenses	\$30
Bifocal Lenses	\$45
Trifocal Lenses	\$55
Lenticular Lenses	\$110
<b>Frame</b>	\$50
<b>Contact Lens Benefit*</b>	
Elective Contact Lenses	\$150
Medically Necessary	\$300

If an Avesis member chooses to receive services from a non-participating provider, the member would pay the provider and submit an itemized statement to Avesis for reimbursement according to the Out-Of-Network Reimbursement Schedule.

The member must submit the claim within 3 months from the date of service. When filing a claim, the member must provide the following information: member's ID#, member's name, patient's name, patient's date of birth, member's mailing address, and the group number.

Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits and limitation, and exclusion provisions of the plan and are in place of services provided by an Avesis participating provider.

\*The contact lens benefit takes the place of an exam, spectacle lenses and a frame for that plan period.

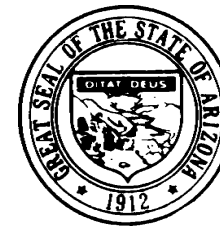
## Limitations

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the Avesis participating provider. Benefits are payable only for expenses incurred while the group and individual member's coverage is in force.

## Exclusions

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training
- 2) Subnormal vision aids and any supplemental testing.
- 3) Plano (non-prescription) lenses.
- 4) Two pair of glasses in lieu of bifocal.
- 5) Any medical or surgical treatment of eye disease or injury.
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services.
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment.
- 8) Services or materials provided as a result of any Worker's Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivisions thereof.



# STATE OF ARIZONA

## ADVANTAGE VISION CARE PLAN PLAN (938)

## AVESIS

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